PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)		
FY 2008				CRUI/0012		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/809,042				Filed	March 25, 2004	
For TUBING EXPANSION						
Art Unit 3725				Examiner	Debra M. Wolfe	
This is a re application		rovisions of 37 CFR 1.136(a) to extend the period	od for filing a reply	in the above identified	
The reques	ated extension and	fee are as follows (check	time period desired a	and enter the appro	opriate fee below):	
<u>Fee</u>				Small Entity F	<u>ee</u>	
	One month (37	CFR 1.17(a)(1))	\$130	\$65	\$	
	Two months (3	7 CFR 1.17(a)(2))	\$490	\$245	\$	
X	Three months ((37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1110.00	
	Four months (3	37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (3	7 CFR 1.17(a)(5))	\$2350	\$1175	\$	_
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
X Payment by credit card via EFS-Web.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any deficiency of fees which may be required or credit any						
over payment to Deposit Account Number				20-0782/CRUI		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent of record. Registration Number						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34				34,102		
Leen & Votte				5 More	409	
Signature					Date	
William B. Patterson				713-623-4844		
Typed or printed name				Telep	ohone Number	
	ignatures of all the inver signature is required, se	ntors or assignees of record of the	entire interest or their repre	sentative(s) are require:	 Submit multiple forms if more 	,
X T	otal of	1 forms are subn	nitted.			